MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05598

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 52½ West Church St.,	STREET ADDRESS (If rural, give location): 52½ West Church St.,

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) G. (Last) Andrews	4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1950				
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Dec. 17, 1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason Ret.	10b. KIND OF BUSINESS OR INDUSTRY: Building-Own	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: William A. Andrews	14. MOTHER'S MAIDEN NAME: Mary Johnson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Mrs. Elsie Schmidt, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Chronic Myocarditis	6 yrs.
932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Arteriosclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 1, 1949, to May 14th 50, that I last saw the deceased alive on May 14th 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE: W. L. Bradley M.D. (Degree or title) ADDRESS: Hagerstown, Md. DATE SIGNED: May 14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 16, 1950	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland	
DATE REC'D BY LOCAL REG.: May 15, 1950	REGISTRAR'S SIGNATURE: Chas. H. Howard	24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md.	ADDRESS	

VS-A13

S 6 V 9

RECEIVED
MAY 17 1950
BUREAU U. S.

(05506)

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND LENGTH OF STAY (In this place) 9 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 No Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 17 No. Mulberry St

3. NAME OF DECEASED (Type or Print): (First) VIOLA (Middle) MAE (Last) BARE

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar 9 1914

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Coatesville Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles De Hart

14. MOTHER'S MAIDEN NAME: Lillian Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Meredith L. Bare

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Died during attach of epilepsy — INTERVAL BETWEEN ONSET AND DEATH

353.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

85

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S Robert Wells M D DEPUTY MEDICAL EXAM. WASH CO MD. 115 N. Potomac Hagerstown, Md. May 22 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/24/50

NAME OF CEMETERY OR CREMATORY: Harbaughs Cemetery

LOCATION (City, town, or county) Rouzersville Franklin Co Pa (State)

DATE REC'D BY LOCAL REG.: May 23, 1950

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

RECEIVED
MAY 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05510

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN address of Relative: Laurel, Md; STREET ADDRESS (If rural, give location) 815 Main St. Mrs. Mary Tucker

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	—	Barnes	May	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	Oct. 26, 1871	78 yrs.	—		—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Washington, D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Barnes	Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unk.	unk.	Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arterio-Sclerotic Heart Desease	?
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generve arterio-sclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Old Fracture & neck of rt. femur Urinary Infection	? 6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from Nov. 2, 1949, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lair, M.D.		Ritchie Hospital, Cascade, Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 27, 1950	Ivy Hill	Laurel, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/26/50	John R. Fortman Dy. Local Registrar	W. Walt Donaldson	Laurel Md

RECEIVED
MAY 29 1950
BUREAU T. S.

Evidence for addition and change in 13 & 14 shown on:

FILM No. G 126 MAY 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05511

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown. LENGTH OF STAY (in this place) 18 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warfordsburg.
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Virginia (Last) Barnhart.

4. DATE OF DEATH (Month) May. (Day) 22 (Year) 1950.

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated

8. DATE OF BIRTH Dec. 4. 1889

9. AGE last birthday 60 yrs. If under 1 year Months 5 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Johnson ~~John~~ Layton

14. MOTHER'S MAIDEN NAME Minnie Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ✓

17. INFORMANT William Barnhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days.

443x

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive - arteriosclerotic cardiovascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 1950, to 5/22, 1950, that I last saw the deceased alive on 5/21, 1950, and that death occurred at 4.07 a.m., from the causes and on the date stated above.

SIGNATURE John H Hornbaker, M.D. (Degree or title) ADDRESS 154 W. Washington St. - Hagerstown, Md DATE SIGNED 5/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 25 1950 NAME OF CEMETERY OR CREMATORY Pleasant Grove LOCATION (City, town, or county) Needmore, Pa. (State)

DATE REC'D BY LOCAL REG. May. 22, 1950 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Sarah Mellott ADDRESS Needmore Pa

RECEIVED
MAY 24 1950
BUREAU OF S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05512

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md. — LENGTH OF STAY (in this place): 80 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 41 E. Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Maryland
STREET ADDRESS (If rural give location): 41 E. Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Cyrus (Middle) Daniel (Last) Bell

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 18 1860

9. AGE last birthday: 90 yrs. — If under 1 year: Months 2 — If under 24 hrs.: Days 18 — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President Cemetery Assn

10b. KIND OF BUSINESS OR INDUSTRY: Cemetery

11. BIRTHPLACE (State or foreign country): Leitersburg Md. (Dist.)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonas Bell

14. MOTHER'S MAIDEN NAME: Catherine Mickley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Sadie B. Troxell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/50, 19..., to 5/7/50, 19..., that I last saw the deceased alive on 5/7/50, 19..., and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. F. Young M.D. — ADDRESS: Williamsport Md. — DATE SIGNED: 5/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 10 1950 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: May 10 - 50 — REGISTRAR'S SIGNATURE: A. Lee McElroy

24. FUNERAL DIRECTOR — ADDRESS: Albert L. Leaf Williamsport Md.

15681

RECEIVED
MAY 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05513

Reg. Dist. No. 210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg Md.
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chaplain Street Sharpsburg Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharpsburg Md.
STREET ADDRESS (If rural give location): Chaplain St Sharpsburg Maryland

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Benner

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 18 1867

9. AGE last birthday: 82 yrs.
If under 1 year: Months 8 Days 17
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dargan Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Pierce

14. MOTHER'S MAIDEN NAME: Virginia Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Levin Benner Sharpsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE: D. W. Leland (Degree or title) M.D. ADDRESS: Boonsboro DATE SIGNED: 5/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 7 1950

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Maryland

DATE REC'D BY LOCAL REG.: 5-6-1950

REGISTRAR'S SIGNATURE: Ella Boyer

24. FUNERAL DIRECTOR: Edith V. Leaf Williamsport Md.

ADDRESS

JUN 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15514

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Guy (Middle) Edwin (Last) Bivens

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-14-00

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Orchard

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Bivens

14. MOTHER'S MAIDEN NAME: Amanda Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-14-9920

17. INFORMANT AND ADDRESS: Mrs. Claire B. Bivens - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval between onset and death: ????

4222 Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis & Mitral Regurgitation (2) 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to May 16, 1950, that I last saw the deceased alive on January, 1950, and that death occurred at 6 a m., from the causes and on the date stated above.

SIGNATURE H. E. Tabler (Degree or title) M.D. ADDRESS Hancock, Md. DATE SIGNED 5/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5-19-50 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Pres. Cem. — LOCATION (City, town, or county) (State): Washington Co., Md.

DATE REC'D BY LOCAL REG. 5-18-50 — REGISTRAR'S SIGNATURE J. A. Keller

24. FUNERAL DIRECTOR ADDRESS: Charles R. Bast, Hancock, Md.

866VV

RECEIVED
MAY 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Bell 05515

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 9 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 244 West Side Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 244 West Side Ave

3. NAME OF DECEASED (Type or Print): (First) CLIFTON (Middle) URNER (Last) BOYER

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Coffman Lumber Co.

11. BIRTHPLACE (State or foreign country): Sharpsburg Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Boyer

14. MOTHER'S MAIDEN NAME: Etta Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: 219-12-2227

17. INFORMANT AND ADDRESS: Ralph S. Boyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Lung. — 2 months

169X Antecedent cause(s)

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease. — ?

19a. DATE OF OPERATION: May. 20, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma lower right lobe of lung.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 15, 1950 to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE: R.A. Bell (Degree or title) M.D. ADDRESS: Hagerstown Md. DATE SIGNED: May 19, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/20/50 — NAME OF CEMETERY OR CREMATORY: Mt View Cemetery — LOCATION (City, town, or county) (State): Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REG.: May 19 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

36673

RECEIVED
MAY 22 1950
BUREAU V. S.

Dr. Le Van

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05516

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek Rural
LENGTH OF STAY (in this place) 3 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek - Rural
STREET ADDRESS (If rural, give location) Hagerstown Md. R. 1

3. NAME OF DECEASED (Type or Print) (First) Lora (Middle) Julinetta (Last) Brandenburg

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 1, 1950
9. AGE last birthday 1 mo - 1 day yrs. If under 1 year: Months one, Days one; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Melvin Brandenburg
14. MOTHER'S MAIDEN NAME Doris Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Melvin Brandenburg Hagerstown Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 Immediate cause (a) Congenital Malformation of Heart

Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 11.10A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 5/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May. 6. 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. May. 6. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

2-0-4-01-0-23-1-40-4

RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05517

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 113 Broadway

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) T. (Last) Braungard

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 13, 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstownm, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob C. Braungard

14. MOTHER'S MAIDEN NAME: Elmira Hawbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Paul J. Braungard, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 13 days

331 × Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vascular hypertension — 3 years

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1950, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Coroner MD 119 E Antietam St Hagerstown Md 5/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May 6, 1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 6, 1950

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

VS-A15

RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05518

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; MARYLAND; LENGTH OF STAY in this place) 7½ months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 700 Flower Ave

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Greenwood (Last) Burkett

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 28, 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: Garten

14. MOTHER'S MAIDEN NAME: Moorefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

345x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

87d

(b)

(c) Multiple sclerosis — 9½ months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1949, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas, M.D. Ritchie State Hosp., Cascade, Md. May 17, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF Sat. May 20 1950

NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

LOCATION (City, town, or county) (State) Talcott, West Virginia

DATE REC'D BY LOCAL REG. May 17 50

REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR J. Arthur Walters By Him Duy

ADDRESS 254 Carroll St. Washington, D.C.

RECEIVED
MAY 25 1950
BUREAU V. S.

Countersigned
May 17 1950
R. Robert Wells M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05519

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.; LENGTH OF STAY (in this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring, Md.; STREET ADDRESS (If rural, give location) Near Spicklers

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Alice (Last) Carbaugh

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 20-1916

9. AGE last birthday: 34 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Flagle

14. MOTHER'S MAIDEN NAME: Susan E. Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John K. Carbaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory Failure	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 903.6 186a	(b) Colon Bacillus Infection of Pelvic Rectal Fossa, Pelvic Region & Abdominal wall.	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Contusion of Coccygeal Region — 4 weeks

19a. DATE OF OPERATION: May 3, 1950

19b. MAJOR FINDINGS OF OPERATION: Abscess in Abdominal wall

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Store

(CITY OR TOWN) (COUNTY) (STATE): Sears Roebuck Store Hagerstown Wash. Md

TIME OF INJURY (Month) (Day) (Year) (Hour): About May 2 1950 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell on oiled floor.

22. I hereby certify that I attended the deceased from April 24, 19 50, to May 15, 19 50, that I last saw the deceased alive on May 14, 19 50, and that death occurred at 1.15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David R. Brewer M.D. ADDRESS: Clear Spring Md. DATE SIGNED: 5/17/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: My 18-50

NAME OF CEMETERY OR CREMATORY: Blairs Valley Cem.

LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REG.: May 17, 1950

REGISTRAR'S SIGNATURE: Ethel Boors

24. FUNERAL DIRECTOR: Rowland Funeral Home ADDRESS:

RECEIVED
MAY 19 1950
BUFFALO N. Y.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05520

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 27 N. Locust St.

3. NAME OF DECEASED (Type or Print) (First) Pauline (Middle) Katherine (Last) Carper
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 11, 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph F. Lingg
14. MOTHER'S MAIDEN NAME Catherine Bentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - - -
17. INFORMANT AND ADDRESS Miss June Carper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2-16-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	5-13-50
	(c)	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/16/50, 19....., to 5/13/50, 19....., that I last saw the deceased alive on 5/13/50, 19....., and that death occurred at 9:05p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. W Otto Jr. ADDRESS Hagerstown Md. DATE SIGNED 5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 17, 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstwon Md.

DATE REC'D BY LOCAL REG. May 16 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag Md.

RECEIVED
MAY 18 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

05521

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 27 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 327 Liberty St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) -- (Last) Caton

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Oct. 1, 1895

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Street Dept.

11. BIRTHPLACE (State or foreign country): Buxton Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Caton

14. MOTHER'S MAIDEN NAME: Martha Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 212-14-7254

17. INFORMANT AND ADDRESS: Mrs. Cora I. Caton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval between onset and death: Apr. 15 to May 8.

420 0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 15, 1950, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Beee M. D. Hagerstown, Md. May 9, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 12, 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: May 10, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

49698

VS. A15

RECEIVED
MAY 12 1950
BUREAU V. S.

Dr. Shealy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05522

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trego 'Rural' LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trego Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trego - Rural
STREET ADDRESS (If rural, give location) Trego Md.

3. NAME OF DECEASED (Type or Print) (First) Stella (Middle) - Geneva (Last) Clipp

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 30 - 1870

9. AGE last birthday 79-4-2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Trego Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Leslie

14. MOTHER'S MAIDEN NAME Mary Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT Merle Clipp Trego Wash. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

456 x

97

Immediate cause (a) Gangrene of right leg. — INTERVAL BETWEEN ONSET AND DEATH. 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Infection right big toe from ingrown toe nail — 5 weeks.

(c) Arteriosclerotic endarteritis. — 1 yr plus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Injury to right hip - preventing walking — 5 years.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1950, to 5/1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 12-15 A.m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED May 2, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF May 4, 1950 NAME OF CEMETERY OR CREMATORY Rohersville Cemetery LOCATION (City, town, or county) Rohersville Wash. Co. Md. (State)

DATE REC'D BY LOCAL REG. May 2 - 1950 REGISTRAR'S SIGNATURE Mrs. Katherine Dagenhart

24. FUNERAL DIRECTOR Wm. F. Bast & Sons Boonsboro ADDRESS Md.

RECEIVED
MAY 4 1950
BUREAU V. S.

Dr. Keadle 15523

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 11 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 35 Coffman Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 35 Coffman Ave.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Marie (Last) Cunningham

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 24, 1910

9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY: Fridinger Co.

11. BIRTHPLACE (State or foreign country): Tilghmanton, Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: William Hays

14. MOTHER'S MAIDEN NAME: Minnie Showe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: 220-16-2489

17. INFORMANT AND ADDRESS: G. Lloyd Cunningham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition — Interval between onset and death: 3 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

154x

46d

(b) Carcinoma of rectum. — Interval between onset and death: 1 year +

(c) & metastasis to liver & mediastinum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1950, to 5-26, 1950, that I last saw the deceased alive on 5-25, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE: Robert F. Keadle (Degree or title): M.D. ADDRESS: ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND DATE SIGNED: 5-26-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 5-28-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: May 29 1950

REGISTRAR'S SIGNATURE: Chas. H. Boward

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman, Hagerstown, Md.

21099

VS. A15

RECEIVED
MAY 30 1950
BUREAU V. S.

115524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) R#6 Westminster

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Dotson

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1950

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: April 24, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Preacher

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Dotson

14. MOTHER'S MAIDEN NAME: Eliza Peter ? Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. unk.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Starvation	> 2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar Pneumonia, Bilateral	2 weeks
	(c) Seizure Carcinoma of Stomach	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilitic aortitis, Gen. arterio-sclerosis — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1950, to May 9, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Daniel Lair M.D. — Ritchie Hospital, Cascade, Md. — 5/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5-13-1950 — NAME OF CEMETERY ~~OR CREMATORY~~ Fairview — LOCATION (City, town, or county) (State) Carroll Co. Maryland.

DATE REC'D BY LOCAL REG. 5/15/50 — REGISTRAR'S SIGNATURE John A Cochran Dep. Local Registrar — 24. FUNERAL DIRECTOR C. M. Waltz — ADDRESS Winfield, Md.

V 8894

RECEIVED
MAY 16 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05525

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 14 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Max; (Middle) Nathanial; (Last) Doyle

4. DATE OF DEATH: (Month) May; (Day) 24; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/28/1890

9. AGE last birthday: 59 yrs. If under 1 year: Months 10; Days 26; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Cavetown Reservoir

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: American

13. FATHER'S NAME: Jacob E. Doyle

14. MOTHER'S MAIDEN NAME: Eliza Oden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Max Doyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mesothelioma of Pleura — Interval Between Onset and Death: 3 yrs.

197x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

472

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert P. Conrad, M.D. ADDRESS: Hagerstown, Md. DATE SIGNED: 5-25-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 5/27/50; NAME OF CEMETERY OR CREMATORY: Smithburg Cemetery; LOCATION (City, town, or county) (State): Smithburg Md.

DATE REC'D BY LOCAL REG.: May 27, 1950; REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: William H. Downey ADDRESS: Hagerstown Md

Plan-g.

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MAY 31 1950
BUREAU OF S.

05526

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Horpital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Lilly (Middle) Naomi (Last) Duffey

4. DATE OF DEATH: (Month) May 30 (Day) (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 29, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Dick

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Robert L Duffey, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Mesenteric thrombosis with Gangrene of small intestines.

Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mural thrombosis Left ankle.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic glomerular nephritis.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1950, to May 30, 1950, that I last saw the deceased alive on May 29, 1950, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Bell M. D. Hagerstown Md. May 31, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 1, 1950

NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery

LOCATION (City, town, or county) (State): Funkstown, Maryland

DATE REC'D BY LOCAL REG.: May 31, 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md.

ADDRESS

RECEIVED
JUN 3 1980
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05527

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) J. (Last) Easterday

4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 11-21-1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Middletown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Koogle
14. MOTHER'S MAIDEN NAME Salina Bowlus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Charles Easterday, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
902.0	Immediate cause	(a) Chronic Myocarditis	5 yrs
	Antecedent cause(s)		
186a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Dementia	2 yr
		(c) Fracture of left hip	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Rural (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) April (Day) 25 (Year) 1950 (Hour) 4 A.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Had hallucinations, jumped out of 2nd story

22. I hereby certify that I attended the deceased from April 27, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 4.25 P. m., from the causes and on the date stated above.

SIGNATURE G W Leway (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 5/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-9-1950
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) Myersville (State) Md.

DATE REC'D BY LOCAL REG. May. 8. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Gladhill Co., Middletown, Md. ADDRESS

RECEIVED
MAY 10 1950
BUREAU V. S.

M

05528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 70306

1. PLACE OF DEATH COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 1½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminister
STREET ADDRESS (If rural, give location) Route #1.

3. NAME OF DECEASED (Type or Print) (First) Otto (Middle) Louis (Last) Elde
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Dec. 26, 1858
9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinsmith
10b. KIND OF BUSINESS OR INDUSTRY TINSMITH Shop
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August Elde
14. MOTHER'S MAIDEN NAME 2

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction of myocardium due to arteriosclerotic coronary thrombosis	20 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	4 yrs.
	(c) Arteriosclerosis general	~8 yrs

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral inguinal hernia, Hemorrhoids, Hyperthrophy of prostate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1950, to 5/12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 155 P. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie State Hosp., Cascade, Md. DATE SIGNED May 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-14-50
NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery
LOCATION (City, town, or county) Pleasant Valley, (State) Maryland

DATE REC'D BY LOCAL REG. May 13, 1950
REGISTRAR'S SIGNATURE ~~Ethel M Mehring~~ Mr. John R. Cochran
24. FUNERAL DIRECTOR C. O. Fuss & Son, Taneytown, ADDRESS Md.

49629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
MAY 18 1990
FCC MAIL ROOM

Dr. Robert Campbell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05529

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Midway Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Gerald	Glenn	Eyler	May	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	single	May 14 1950	7 Days				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington County Hosp.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Donald Reno Eyler	Evelyn Radtke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Donald Reno Eyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
774x	Immediate cause	(a) Bronchopneumonia	2 day
	Antecedent cause(s)		
159	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	1 wk
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5/14/50, 19....., to 5/21/50, 19....., that I last saw the deceased alive on 5/20/50, 19....., and that death occurred at 2:10 AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V. L. Campbell	MD	Hagerstown Md	5/22/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 - 22-1950	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23 1950	Ethel H. Howard	Andrew K. Coffman	Hagerstown, Md.

2-0-5-14-0-24-3-28-1

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05530

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vermont Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Vermont Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Francis (Last) Feigley, Jr.

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-23-1891

9. AGE last birthday: 58 yrs. If under 1 year: Mos. 10 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Md. Theatre

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harry F. Feigley, Sr.

14. MOTHER'S MAIDEN NAME: Leila Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO. 212-03-3810

17. INFORMANT AND ADDRESS: Mrs. Harry F. Feigley, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Hypertrophy of Heart — Interval Between Onset and Death: 6 yrs.

4343

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

95c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1947, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert P. Conrad M.D. ADDRESS Hagerstown, Md. DATE SIGNED 5-29-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-1-1950; NAME OF CEMETERY OR CREMATORY National Cemetery; LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REG. June 1, 1950; REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

31490

RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05531

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown; LENGTH OF STAY (in this place) 26 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown.; STREET ADDRESS (If rural, give location) 13 Poplar Street

3. NAME OF DECEASED (Type or Print): (First) Amelia; (Middle) Jane; (Last) Ford

4. DATE OF DEATH: (Month) May; (Day) 16; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 18, 1868

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Middleburg, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Gerhardt

14. MOTHER'S MAIDEN NAME: Rebecca Knode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: S. Ralph Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Inanition — Interval between onset and death: 2 wks.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Not Known.

(c)

780.1

2000

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1950, to May 16, 1950, that I last saw the deceased alive on May 16, 1950 and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE Chas A. Hoffman (Degree or title) M.D. ADDRESS 214 North Potomac St. Hagerstown, Maryland DATE SIGNED 5/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 5/18/50

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

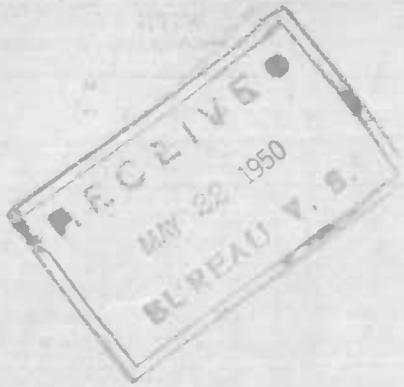
LOCATION (City, town, or county) (State) Middleburg, Pa.

DATE REC'D BY LOCAL REG. May 18, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md.

VS. A15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MAY 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05532

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dargan
STREET ADDRESS (If rural, give location): R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Elizabeth (Last) Gay

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 22, 1903

9. AGE last birthday: 46 yrs. — If under 1 year: Months 4, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Antietam, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Augustus Hetzel

14. MOTHER'S MAIDEN NAME: Susie Elizabeth Jamison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Raymond L. Gay, R.F.D. #1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart disease	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	3 yrs.
	(c) Acute Glomerular Nephritis	1 month.

420.0 360x 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-5, 1950, to 5-1-4, 1950, that I last saw the deceased alive on 5-1-5, 1950 and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE: Walter B. Sheafy | (Degree or title): M.D. | ADDRESS: Sharpsburg, Md. | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/7/50 | NAME OF CEMETERY OR CREMATORY: Samples Manor Cemetery | LOCATION (City, town, or county) (State): Samples Manor, Maryland

DATE REC'D BY LOCAL REG.: May 6, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Towers

24. FUNERAL DIRECTOR: Melvin T. Strider | ADDRESS: Charles Town, West Va.

VS. A15

RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05533

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. James Md. — LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. James Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. James Md.
STREET ADDRESS (If rural give location): St. James Md.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Hammond
4. DATE OF DEATH: (Month) May 2 (Day) 1950 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widwoed
8. DATE OF BIRTH: April 27-1870
9. AGE last birthday: 80 yrs. — If under 1 year: Months 0 Days 3 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Hammond
14. MOTHER'S MAIDEN NAME: Delialah Lampert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. William Metz St. James Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2/50, 19....., to 5/2/50, 19....., that I last saw the deceased alive on 5/2/50, 19....., and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Williamsport Md. — DATE SIGNED: 5/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 5 1950 — NAME OF CEMETERY OR CREMATORY: Luthern Cemetery — LOCATION (City, town, or county): Bakersville — (State): Md.

DATE REC'D BY LOCAL REG.: May 5-1950 — REGISTRAR'S SIGNATURE: E Lee McElroy
24. FUNERAL DIRECTOR: Edith V. Leaf — ADDRESS: Williamsport Md.

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager

CERTIFICATE OF DEATH

Reg. Dist. No. 302

05524

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 Year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33 Garlinger Ave	STREET ADDRESS (If rural, give location) 33 Garlinger Ave

3. NAME OF DECEASED (Type or Print) (First) JONAS (Middle) FRANKLIN (Last) HARNER				4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH May 29 1875	9. AGE last birthday 75 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer W.M.R.R.		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Harney Carroll Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jonas S. Harner			14. MOTHER'S MAIDEN NAME Mary Slaughenhaupt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) —	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Jonas E. Harner		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	10 minutes
420.1 Antecedent cause(s)	(b) Hypertensive Cardiovascular Malaise	7 yrs.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardiac Failure (with edema)	1 mo. 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan. 5, 1943, to May 10, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager, M.D.		Hagerstown, Md.	May 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/12/50	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md
DATE REC'D BY LOCAL REG. May 11, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

32247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 12 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05535

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 76 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 743 Spruce St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 743 Spruce St.,

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) M.; (Last) Haupt

4. DATE OF DEATH: (Month) May; (Day) 4,; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 12, 1873

9. AGE last birthday: 76 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel G. Cromer

14. MOTHER'S MAIDEN NAME: Rosanna Winkfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Howard R. Maugans, Hagerstownn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 2 Days

334x Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4/50, 19....., to 5/4/50, 19....., that I last saw the deceased alive on 5/4/50, 19....., and that death occurred at 4P.M., from the causes and on the date stated above.

SIGNATURE C. F. Young M.D. (Degree or title) ADDRESS Williamsport Md DATE SIGNED 5/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 8, 1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 8. 1950 | REGISTRAR'S SIGNATURE: Chas H. Bowers | 24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.

VS. 4-1b

RECEIVED
MAY 10 1950
BUREAU OF S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05536

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Convalescent Home Boonsboro. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY Greencastle Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Catherine (Last) Holmshead
4. DATE OF DEATH (Month) May (Day) 23 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 1 - 1860
9. AGE last birthday 90 yrs. If under 1 year Months 1 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) Fulton Co. Pa.
12. CITIZEN OF WHAT COUNTRY? Native
13. FATHER'S NAME Dennis Mallott
14. MOTHER'S MAIDEN NAME Miriam Hess.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Ira Holmshead Greencastle Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	2 yrs.
	(c) General Debility	2 yrs.

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nervous — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1948, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE J. Hubert Made. (Degree or title) M. D. ADDRESS Boonsboro Md. DATE SIGNED 5/23/50.

23. BURIAL, CREMATION REMOVAL (Specify) B
DATE THEREOF 5/26/50
NAME OF CEMETERY OR CREMATORY Eddy Hill
LOCATION (City, town, or county) Greencastle Pa. (State)
DATE REC'D BY LOCAL REG. May. 23, 1950
REGISTRAR'S SIGNATURE John H. Bart
24. FUNERAL DIRECTOR C. E. Minnich ADDRESS Greencastle Pa.

RECEIVED
MAY 27 1950
BUREAU OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05537

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 9 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 920 Oak Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 920 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print): (First) Delia (Middle) Banks (Last) Johnston

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Nov. 6, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hollidaysburg Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Patterson

14. MOTHER'S MAIDEN NAME: Ann Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Miss Marguerite Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.0 / 932)	(b) Vascular hypertension	5 years
	(c) Generalized arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19 19 47, to 5/14 19 50, that I last saw the deceased alive on 5/14 19 50, and that death occurred at 6 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B Mowrer MD 1196 Antietam St. Hagerstown Md 5/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: May 15, 1950

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Sheffield Colbert Ala.

DATE REC'D BY LOCAL REG.: May 15 1950

REGISTRAR'S SIGNATURE: [illegible] Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

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MAY 17 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05538

CERTIFICATE OF DEATH

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; MARYLAND; LENGTH OF STAY (in this place) 30 years.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville; STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maxwell	Rielly	Jones	May.	10.	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Single	Dec. 9-1907	42-5-1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto.

11. BIRTHPLACE (State or foreign country): Sharpsburg Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Homer M. Jones

14. MOTHER'S MAIDEN NAME: Maude Rielly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None.

17. INFORMANT: Mrs. Malcolm Hoover Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis.

420.1 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 10, 1950, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE G W Lillard (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 5/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	May. 13. 1950	Boonsboro Cemetery	Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 12 1950	[illegible]	Wm. J. Bast & Sons	Boonsboro Md.

3-3284

VS. A15

RECEIVED
MAY 15 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05539

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ? Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) R #1

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) S (Last) Keets
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 5, 1861
9. AGE last birthday 89 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm laborer
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sacharia Keets
14. MOTHER'S MAIDEN NAME Lyter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unk.
17. INFORMANT AND ADDRESS Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [redacted]	[redacted]
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Squamous Cell Carcinoma of dorsum of rt. foot	25 yrs
	with metastasis to rt. inguinal lymph glands	?
	(c)	

199.1

55e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. arterio-sclerosis ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1949, to May 15, 1950, that I last saw the deceased alive on May 15, 1950, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE Daniel Lai (Degree or title) ADDRESS DATE SIGNED
Daniel Lai M.D. Ritchie Hospital, Cascade, Md. May 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 17/50
NAME OF CEMETERY OR CREMATORY Piney Grove
LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 5/15/50
REGISTRAR'S SIGNATURE John B Cochran
24. FUNERAL DIRECTOR Edw C. Tipton, Hampstead Md
ADDRESS

Sub Local Registrar

000VV

RECEIVED
MAY 18 1950
BUREAU V. S.

Dr. Wade

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05540

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) 109 S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Hettie (Middle) Angie (Last) Kephart
4. DATE OF DEATH (Month) May. (Day) 25. (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March. 4. 1869
9. AGE last birthday 81-2-21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) near Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Carson
14. MOTHER'S MAIDEN NAME Susan Souders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Mrs. Joseph. L. Thomas Boonsboro Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
156.7 Immediate cause	(a) Auricular Fibrillation	12 hours.
46 f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Liver	
	(c) Arteriosclerosis	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 8.45 P. m., from the causes and on the date stated above.

SIGNATURE J. Hubert Wade (Degree or title) M. D. ADDRESS Boonsboro. Md. DATE SIGNED 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF May. 28. 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG May. 28. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

RECEIVED
MAY 31 1950
BUREAU W. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05541

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Mem. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 331 Linganore Avenue

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Cover (Last) Kneisley

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1-9-1872

9. AGE last birthday: 78 yrs. If under 1 year: Months 4, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Hag. Shoe&Leg. Mfg.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kneisley

14. MOTHER'S MAIDEN NAME: Adeline Cover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-3174

17. INFORMANT AND ADDRESS: Mrs. Alice Munson, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate Gland & Metastases — Interval between onset and death: 2 1/2 yrs

177x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

51b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1948, to 5-27, 1950, that I last saw the deceased alive on 5-27, 1950, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dalton M. Welty M.D. Hagerstown Md. 5-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-30-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 29 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: C.M.Suter & Sons, Hagerstown, Md.

60260

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MAY 30 1950
BUREAU V. S.

Dr. Robert Campbell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05542

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 10 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 East Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 30 East Antietam St.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) David (Last) Kost

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 14 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Penna. Rwy. Co.

11. BIRTHPLACE (State or foreign country): Dauphin Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Kost

14. MOTHER'S MAIDEN NAME: Susan Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) --

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Rose K. Kost

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis & Infarction — Interval Between Onset and Death: 2yrs

420.1 Antecedent cause(s)

794a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28/, 1948, to May 18, 1950, that I last saw the deceased alive on May 18, 1950, and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert V. L. Campbell MD — ADDRESS: Hagerstown Md — DATE SIGNED: May 20 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5 - 21-50 — NAME OF CEMETERY OR CREMATORY: Longdorf Cemetery — LOCATION (City, town, or county) (State): New Kingston, Cumberland Co., Pa.

DATE REC'D BY LOCAL REG.: May 19 1950 — REGISTRAR'S SIGNATURE: Chas H Hoover

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Wash. Co., Md.

VS. A15

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MAY 22 1950
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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05543

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Dargan
~~STREET ADDRESS~~ (If rural, give location) Mountain Lock

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Kretzer

4. DATE OF DEATH (Month) May (Day) 5, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 1, 1887
9. AGE last birthday 62 yrs. If under 1 year Months 10 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Refrigeration Plant
11. BIRTHPLACE (State or foreign country) Antietam, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Daniel Kretzer
14. MOTHER'S MAIDEN NAME Annie Otzelberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 220-10-3753
17. INFORMANT Mrs Iva M. Kretzer R.F.D.#1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute right ventricular failure	
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) with pulmonary edema.	3 days.
93d	(c) Arteriosclerotic heart disease.	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1949, to 5/5, 1950, that I last saw the deceased alive on 5/3, 1950 and that death occurred at 5:18 A.m., from the causes and on the date stated above.

SIGNATURE W. H. Shaaby (Degree or title) M.D. ADDRESS Sharpsburg Md. DATE SIGNED 5/5/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/7/50
NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery
LOCATION (City, town, or county) (State) Samples Manor, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May. 6. 1950 Chas. H. Bowers
24. FUNERAL DIRECTOR Melvin T. Strider ADDRESS Charlestown West Va.

30868

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MAY 9 1950
BUREAU V. S.

05544

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital	STREET ADDRESS (If rural, give location): 384 So. Cannon Ave.,

3. NAME OF DECEASED (Type or Print)	(First) Lillie	(Middle) F.	(Last) Lashley	4. DATE OF DEATH	(Month) May 10, (Day) (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Oct. 20, 1879	9. AGE last birthday: 70 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ironer	10b. KIND OF BUSINESS OR INDUSTRY: Com. Laundry	11. BIRTHPLACE (State or foreign country): Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Simon Mowery	14. MOTHER'S MAIDEN NAME: Elizabeth Funk				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Earl E. Lashley, Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pyleonephrosis	?
600.0 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Small ant coronary infarct	2 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 April, 1950, to 10 May, 1950, that I last saw the deceased alive on 9 May, 1950, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elmer H. Vachlach	M.D.	Hagerstown, Md	5/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: May 13, 1950	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Maryland
DATE REC'D BY LOCAL REG.: May 12 1950	REGISTRAR'S SIGNATURE: Chas. H. Bowers	24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Md.	

44888

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 15 1950
BUREAU V. S.

05545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 1 Bishop Lane.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Dudley Leppert
4. DATE OF DEATH (Month) (Day) (Year): May 26 1950

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 26, 1914
9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman
10b. KIND OF BUSINESS OR INDUSTRY: Balto. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Leppert
14. MOTHER'S MAIDEN NAME: Annie Oscar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

144x Immediate cause (a) Carcinoma of palate and maxilla + — 3 years

45c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca metastases in antrum + ribbs. — 1 year

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1950, to 5/26, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 2:35 P m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas — (Degree or title): M.D. — ADDRESS: Ritchie State Hosp., Cascade, Md. — DATE SIGNED: May 26, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/30/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 5/26/50 — REGISTRAR'S SIGNATURE: John [illegible] — 24. FUNERAL DIRECTOR: Mac Nabb + Son — ADDRESS: Catonsville, Md.

Dep. Local Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 30 1990
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Ditto

2411 N. Charles Street, Baltimore

05546

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 560 Salem Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Franklin (Last) Lewis

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept. 27, 1876
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY Beachley-Reichard Furn. Co.
11. BIRTHPLACE (State or foreign country) Williamsport, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William A. Lewis
14. MOTHER'S MAIDEN NAME Clara A. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Spanish Amer
16. SOCIAL SECURITY NO. 214-09-6679
17. INFORMANT AND ADDRESS Mrs. John W. Fouke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Cardiac - Neural Disease — INTERVAL BETWEEN ONSET AND DEATH 7/1/50

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7/50, 19....., to 5/26/50 19....., that I last saw the deceased alive on 5/26/50, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Dr. E W Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5-29-1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. May 29, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

364 67

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 30 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05547

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport
LENGTH OF STAY (In this place): 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 19 W Fredrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland MARYLAND Md
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md.
STREET ADDRESS (If rural give location): 19 W Fredrick Street

3. NAME OF DECEASED (Type or Print): (First) Franklin (Middle) Leslie (Last) Lowman

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 29 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days 12; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hand Grainer

10b. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Lowman

14. MOTHER'S MAIDEN NAME: Rebbecca Hovis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No No

16. SOCIAL SECURITY NO.: 215-01-9842

17. INFORMANT: Mrs. Jennie V. Lowman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy. — Interval between onset and death: 2 Days

334x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12/50, 19..., to 5/12/50, 19..., that I last saw the deceased alive on 5/12/50, 19..., and that death occurred at 4P.m., from the causes and on the date stated above.

SIGNATURE: L Lowman (Degree or title) M.D. ADDRESS: Williamsport, Md. DATE SIGNED: 5/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 15 1950

NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery

LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: May 15 1950

REGISTRAR'S SIGNATURE: E Lee M Bly

24. FUNERAL DIRECTOR: Albert L Leaf ADDRESS: Williamsport Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Ralph Young

05548

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home	STREET ADDRESS (If rural, give location) 430 Carrolton Ave

3. NAME OF DECEASED (Type or Print) (First) MAUD (Middle) MARY (Last) LUSHBAUGH				4. DATE OF DEATH (Month) May (Day) 18 (Year) 1950 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 29 1886	9. AGE last birthday 63 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Williamsport Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME No Record			14. MOTHER'S MAIDEN NAME No Record		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Fred L. Lushbaugh Sr.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Uterus c metastasis — 6 Mo

174X Antecedent cause(s)

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/18/49, 19....., to 5/18/50, 19....., that I last saw the deceased alive on 5/18/50, 19....., and that death occurred at 7 P. m., from the causes and on the date stated above.

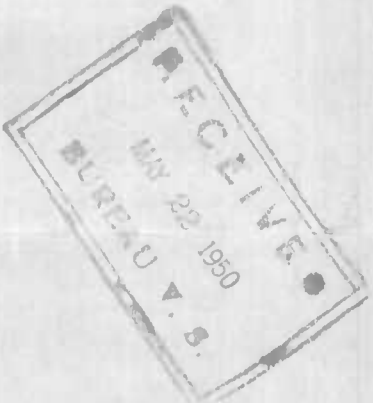
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Young	M.D.	Williamsport Md	5/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/22/50	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown Wash. Co Md
DATE REC'D BY LOCAL REG. May 19, 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR ANDREW K. COFFMAN	ADDRESS Hagerstown Mo.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MAY 22 1950
BUREAU V. S.

05549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS Main (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle) Garfield	(Last) Lynch	4. DATE OF DEATH	(Month) May	(Day) 29	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 16, 1878	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Boonsboro	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME John Lynch	14. MOTHER'S MAIDEN NAME Rebecca Lynch						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish Am.	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Harry Banks Jr.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis -	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with high diastolic	
	(c) Arteriosclerosis	

443x

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to May 29, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B W Leban	M.D.	Boonsboro	5/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 1, 1950	NAME OF CEMETERY OR CREMATORY Boonsboro	LOCATION (City, town, or county) (State) Boonsboro, Md
DATE REC'D BY LOCAL REG. May 31, 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md	ADDRESS

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05550

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3½ weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 202 N. Highland St.

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Mae (Last) McDonald

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: June 1, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): New Brighton, BeaverCo, Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Harris

14. MOTHER'S MAIDEN NAME: Anna Pennell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service) –

16. SOCIAL SECURITY NO. –

17. INFORMANT AND ADDRESS: Mr. Charles F. Holtzmann, Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
570.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 126	(b) Hypertensive cardio-vascular renal disease	?
	(c) Intestinal obstruction	4 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5 May 1950

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction of ileum by gall stone.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 April, 1950, to 16 May, 1950, that I last saw the deceased alive on 16 May, 1950, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward H Overholtzer M D Hagerstown Md 5/17/50.

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: 5-19-50
NAME OF CEMETERY OR CREMATORY: Grove Cemetery
LOCATION (City, town, or county) (State): New Brighton, Penna.

DATE REC'D BY LOCAL REG. May 17 1950
REGISTRAR'S SIGNATURE: B Haught Howard

24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hagerstown

RECEIVED
MAY 19 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05551

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pen Mar
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pen Mar
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Virginia (Last) Mellott

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Nov. 17, 1925

9. AGE last birthday: 24 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Liberty W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. Arthur W. Fraser

14. MOTHER'S MAIDEN NAME: Evelyn Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. Fred V. Mellott Penmar Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	2 days
Antecedent cause(s)	(b) Bilateral Far Advanced Pulmonary Tuberculosis	12 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

002 x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1950, to 5/27, 1950, that I last saw the deceased alive on 5/27, 1950, and that death occurred at 6:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ross L. Funch m.D. Blue Ridge Summit 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 5/30/50

NAME OF CEMETERY OR CREMATORY: Broadfording

LOCATION (City, town, or county) (State): Broadfording Md.

DATE REC'D BY LOCAL REG.: May 29-50

REGISTRAR'S SIGNATURE: Geo W. Ferguson

24. FUNERAL DIRECTOR ADDRESS: Walter Y. Grove, Waynesboro Pa.

RECEIVED
MAY 31 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05552

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Munson

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH April 21, 1866

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hagerstown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick

14. MOTHER'S MAIDEN NAME Tall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
450.0	Immediate cause	(a) Uremia	6 days
131a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, general	~ 2 yrs.
		(c) Nephrosclerosis	~ 2½ mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a) Cystitis; b) Latent late syphilis; c) Urethral stricture

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1950, to May 9, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 2:35 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas M.D. Ritchie State Hosp., Cascade, Md. May 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 11, 1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 5/9/50

REGISTRAR'S SIGNATURE John R. Cochran

24. FUNERAL DIRECTOR Fred W. Kraus, Hagerstown, Md. ADDRESS

Dep. Local Registrar

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05553

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 37 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1037 Spruce St.,	STREET ADDRESS (If rural, give location): 1037 Spruce St.,

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lester	L.	Myers	May	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 3, 1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Contractor	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Myers	Florence Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	220/05/6677	Bessie M. Myers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Arteriosclerotic Heart Disease	12 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Cardio-Vascular Disease	3-4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-25, 1950, to 5-21, 1950, that I last saw the deceased alive on 5-21, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M. Welty	M.D.	Hagerstown, Maryland	5-22-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 23, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23-1950	Chas H Bowers	Fred W. Kraiss	Hagerstown, Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05554

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Wash. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 25 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 840 Mulberry Ave.	STREET ADDRESS (If rural, give location) 840 Mulberry Ave.

3. NAME OF DECEASED (Type or Print)	(First) Salome	(Middle) Magdalene	(Last) Neff	4. DATE OF DEATH	(Month) May (Day) 5 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1857	9. AGE last birthday 92 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Stockslager		14. MOTHER'S MAIDEN NAME Mary E. Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. - ---	17. INFORMANT AND ADDRESS Mrs. Laura Itneyer			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Hypertensive cardiovascular disease — Years

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1928, to May 5, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 4:20 a m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED May 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 7, 1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. May 7, 1950	REGISTRAR'S SIGNATURE Chas. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05555

Dr. Earl Young

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington County
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
STREET ADDRESS (If rural, give location): 517 S. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) PATRICK (Last) NEVILLE

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 8/17/1869

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: railroad

11. BIRTHPLACE (State or foreign country): Smithsburg Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles P. Neville

14. MOTHER'S MAIDEN NAME: Elizabeth McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Cecil Saum Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1/2 hr.
Antecedent cause(s)	(b) Hypertensive Cardio Vascular	
	(c) Disease	6 yrs.

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **INJURY OCCURRED** While at Work ☐ Not While At work ☐ | **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 1-1-46 19..., to 5-7-50 19..., that I last saw the deceased alive on 5/6/50 19..., and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE: Earl Young M.D. (Degree or title) ADDRESS: Hagerstown, Md. DATE SIGNED: 5/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | **DATE**: 5/9/50 | **NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery | **LOCATION (City, town, or county) (State)**: Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG.: May 8, 1950 | **REGISTRAR'S SIGNATURE**: Chas. H. Towers | **24. FUNERAL DIRECTOR**: Andrew K. Coffman | **ADDRESS**: Hagerstown Md.

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VS. A15

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MAY 10 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerst own — LENGTH OF STAY (in this place) 5 Mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nurseing Home	STREET ADDRESS (If rural, give location) 1019 Oak Hill Ave.

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) CLUGSTON (Last) NEWCOMER				4. DATE OF DEATH (Month) May (Day) 3 (Year) 50			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Jan. 2 1861	9. AGE last birthday 89 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Green Vilage Penna.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph C. Clugston			14. MOTHER'S MAIDEN NAME Mary J. Wolfinger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Howard J. Clugston West ChesterPa				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

480x

Immediate cause (a) Lobar Pneumonia — 3-4 days.

Antecedent cause(s)

33a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza - Thrombosis left leg.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. K. Campbell 145 W. Washington St. Hagerstown Md. May 5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/5/50	NAME OF CEMETERY OR CREMATORY Green Hill Cemetery	LOCATION (City, town, or county) (State) Waynesboro, Penna.
DATE REC'D BY LOCAL REG. May 5, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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VS. A15

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MAY 8 1950
BUREAU V. S.

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05557

FILM No. G 126 JUN 16 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1040 Pope Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1040 Pope Ave.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Manzella (Last) Nuse

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6-4-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ezra R. Danner

14. MOTHER'S MAIDEN NAME: Geneva Barger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Joseph R. Nuse, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalised Carcinomatosis — 1 yr

199.8 **Antecedent cause(s)**

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site not known (6/16/50 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 19 50, to 5/23, 19 50, that I last saw the deceased alive on 5/23, 19 50, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert V. Campbell MD — Hagerstown Md — 5/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 5-26-1950

NAME OF CEMETERY OR CREMATORY: Reformed

LOCATION (City, town, or county) (State): Knoxville, Md.

DATE REC'D BY LOCAL REG.: May 25 1950

REGISTRAR'S SIGNATURE: Elbert H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. H. Feete and Bro. Brunswick, Md.

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MAY 27 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05558

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2105 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 2105 Virginia

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Howland (Last) Patterson

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/16/1858

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School Teacher

11. BIRTHPLACE (State or foreign country): Franklin Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Solomon R. Patterson

14. MOTHER'S MAIDEN NAME: Susan Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. D. G. Drawbaugh, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerosis — Interval Between Onset and Death: Indefinite

450.0 Antecedent cause(s) (b) Uraemia. — 24 hours

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) V

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. V

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 19..., to 5/11, 1950 that I last saw the deceased alive on 5/10, 1950, and that death occurred at 2 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robt D Barbour — ADDRESS: 131 W Wash St Hagerstown Md — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5/13/50 | NAME OF CEMETERY OR CREMATORY: Norland | LOCATION (City, town, or county) (State): Chambersburg, Pa.

DATE REC'D BY LOCAL REG.: 5/12/1950 | REGISTRAR'S SIGNATURE: H Grant Hoover

24. FUNERAL DIRECTOR: Robert R. Barbour, Chambersburg, Pa. ADDRESS

V 3491

VS-A25

RECEIVED
MAY 15 1950
BUREAU

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05559

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 15 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastel, R.H.2
STREET ADDRESS (If rural, give location) Coseytown

3. NAME OF DECEASED (Type or Print) (First) Luke (Middle) Mark (Last) Pettigrew
4. DATE OF DEATH (Month) May (Day) 16. (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 9/1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lupas Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Pettigew
14. MOTHER'S MAIDEN NAME Letilia Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 490-09-0037
17. INFORMANT Mrs. Anna B. Pettigrew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED May 17 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/17/50
NAME OF CEMETERY OR CREMATORY Lupus Cemetery
LOCATION (City, town, or county) Lupus Missouri (State)

DATE REC'D BY LOCAL REG. May 17. 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman. ADDRESS Hagerstown, Md.

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAY 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05560

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN HALFWAY
LENGTH OF STAY (in this place) 30 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2005 LEXINGTON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN HALFWAY
STREET ADDRESS (If rural, give location) 2005 LEXINGTON AVE.

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) CATHERINE (Last) POOLE
4. DATE OF DEATH (Month) MAY (Day) 27 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH 9/4/1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) WASHINGTON CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ISSAC SUMMERS
14. MOTHER'S MAIDEN NAME SUSAN E. STOUFFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS 20 E. LINCOLN AV MR. ARTHUR L. POOLE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Not determined — 2 days

260x Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic arthritis - Uterine Hemorrhage 2 yrs - anemia

(c) Obesity - Endocarditis chronic, Diabetes — 6 M

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to May 27, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Campbell — ADDRESS Hagerstown — DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL — DATE 5/29/50 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) HAGERSTOWN (State) MD.

DATE REC'D BY LOCAL REG. May 29 1950 — REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W.T. NORMENT — ADDRESS HAGERSTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Wm. D. Campbell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05561

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WILLIAM (Last) RESLEY

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 22, 1928

9. AGE last birthday: 21 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Hancock Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J.S. Bowen Resley

14. MOTHER'S MAIDEN NAME: Margaret Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret Resley, Hancock, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Landry's Ascending Paralysis — 3 days

600.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

82

(b)

(c) Chronic uremia due to chronic pyelonephrosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gunshot wound thru spinal cord — 9 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural cause; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1950, to May 11, 1950, that I last saw the deceased alive on May 11, 1950, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M D — ADDRESS Clear Spring, Maryland — DATE SIGNED 5-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 5/14/50; NAME OF CEMETERY OR CREMATORY Warfordsburg Presbyterian Cem.; LOCATION (City, town, or county) (State) Warfordsburg Pa.

DATE REC'D BY LOCAL REG. May 13 1950; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR: Charles R. Bast; ADDRESS Hancock, Md.

33685

RECEIVED
MAY 18 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05562

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 836 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) Beard (Last) Rowe

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Washington Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Walter Rowe

14. MOTHER'S MAIDEN NAME: Linnie C. Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Gwendolyn Rowe, 836 Va. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177x

Immediate cause (a) Carcinoma of Prostate gland — Interval Between Onset and Death: Aug. 1949

51f

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Metastases to spine.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1949, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 6:40 P m., from the causes and on the date stated above.

SIGNATURE Floyd A. Hoffman (Degree or title) ADDRESS DATE SIGNED May 15-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 16, 1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. May 15, 1950 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: W.T. Norment ADDRESS: Hagerstown, Md.

27681

RECEIVED
MAY 17 1950
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05563

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 62 Madison ave

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M. (Last) Semler

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 12/17/1882

9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~George Semler~~ Bowers

14. MOTHER'S MAIDEN NAME Virginia Ruck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	~4 yrs.
	(c) Cerebral hemorrhage from middle cerebral artery?	4 days?

443x
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, general; cystitis; Nontoxic diff. goiter

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to May 10, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 1:50 P. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie State Hosp., Cascade Md. DATE SIGNED May 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/13/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Wash. Md

DATE REC'D BY LOCAL REG. 5/11/50
REGISTRAR'S SIGNATURE John R. Cochran Dep. Local Registrar
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

RECEIVED
MAY 16 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05564

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 108 East Washington Street

3. NAME OF DECEASED (Type or Print): (First) Helen; (Middle) Rouskulp; (Last) Semler

4. DATE OF DEATH: (Month) May; (Day) 3; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-10-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Samuel U. Rouskulp

14. MOTHER'S MAIDEN NAME: Sarah Brill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: H. Edwin Semler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 5-1-44

(c) Diverticulum of Duodenum

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis, Cholelithiasis

19a. DATE OF OPERATION: 5-1-50

19b. MAJOR FINDINGS OF OPERATION: Diverticulum of Duodenum - & Cholecystectomy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1944, to 5-3-, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 6:25 P. m., from the causes and on the date stated above.

SIGNATURE: W Howard Yeager (Degree or title) M.D ADDRESS Hagerstown, Md. DATE SIGNED May 4 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-6-1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 5, 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 7

RECEIVED
MAY 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05565

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — LENGTH OF STAY (in this place): 27 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 N. Conococheague St.	STREET ADDRESS (If rural give location): 15 N. Conococoeague Street

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) M (Last) Seymour Sr.			4. DATE OF DEATH (Month) May (Day) 10 (Year) 1950		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov. 18 1888	9. AGE last birthday: 61 yrs.	If under 1 year: Months 5, Days 21; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Garage Owner	10b. KIND OF BUSINESS OR INDUSTRY: Garage	11. BIRTHPLACE (State or foreign country): Baltimore Co. Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Ulysses Grant Seymour		14. MOTHER'S MAIDEN NAME: Mary D. Ritter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs. Mattie Holmes Seymour			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 weeks
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	6 years
61	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 6

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1950, to May 10, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	[signature]	Williamsport	5/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: May 13 1950	NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	LOCATION (City, town, or county) (State): Baltimore Md.
DATE REC'D BY LOCAL REG.: May 13 - 50	REGISTRAR'S SIGNATURE: E Lee McElroy	24. FUNERAL DIRECTOR: Edith V. Leaf	ADDRESS: Williamsport Md.

M

260

I

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15664

RECEIVED
MAY 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05566

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural give location) Williamsport RFD #1 Md.

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Eugene (Last) Shank

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby
8. DATE OF BIRTH Feb. 3 1950
9. AGE last birthday yrs. If under 1 year Months 3 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby
10b. KIND OF BUSINESS OR INDUSTRY Baby
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel Jacob Shank
14. MOTHER'S MAIDEN NAME Pearl Sharer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Daniel Jacob Shank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	5/4/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Insufficiency	5/4/50
	(c) Pneumonia Lobar Acute	5/2/50

490X
108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1950 to 5/6, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 11 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Edna Blair M.D. 214 N. Potomac St. Hagerstown Md 5/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9 1950
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REG. May 9. 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

2-0-2-03-0-22-1-40-6

RECEIVED
MAY 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05567

Reg. Dist. No. 306

1. PLACE OF DEATH COUNTY: Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade
LENGTH OF STAY (in this place): 4 mo. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Welty (Middle) — (Last) Shockey
4. DATE OF DEATH (Month) May (Day) 1 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 2/5/1881
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Ringgold, Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Shockey
14. MOTHER'S MAIDEN NAME: Malinda Kahler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, general	years
93d	(c) Hypertensive cardiovascular disease	since admission

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rheumatoid arthritis — 20 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1949, to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas, M.D. (Degree or title) ADDRESS: Ritchie State Hosp., Cascade Md. DATE SIGNED: May 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/4/50
NAME OF CEMETERY OR CREMATORY: Ringold
LOCATION (City, town, or county): Ringold (State): Md

DATE REC'D BY LOCAL REG.: 5/1/50
REGISTRAR'S SIGNATURE: John R. Perkman
24. FUNERAL DIRECTOR: Walter J. Groove, Waynesboro Pa. ADDRESS

000VV

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1950
BUREAU V. S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05568

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Wash.

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred: Tarlock Hospital

How long in hospital or institution? 3 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro (If outside city or town limits, write RURAL and give nearest town)

Street No. Potomac St. (If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Emma F. Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife Omar S. Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jany - 24 - 1868

8. AGE:

Years	Months	Days	If less than one day
82	3	17	..... hrs. ..... min.

9. Birthplace near Middletown Fred. Co. Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home.

FATHER
12. Name Jonas Houpt.
13. Birthplace Fred. Co. Md.

MOTHER
14. Maiden name Elizabeth Beachley
15. Birthplace Fred. Co. Md.

16. Informant Miss Margaret Smith

Address 303 West Side Ave. Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 13, 1950 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Wm F. Bast & Sons

Address Boonsboro Md

19. May 12. 1950 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1950, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 8, 1950, to May 10, 1950 and that I last saw her alive on May 10, 1950

Immediate cause of death	DURATION
Carcinoma of Neck.	5 years
Due to	
Due to	
Other conditions Fracture of right hip. (Include pregnancy within 3 months of death)	4 mo.

Major findings of operations None

199.1 Date of op.

186a

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Feb 8, 1950

Where did injury occur? Hagerstown Wash Co Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Gateway Nursing Home

Means of injury Slipped on floor Injured at work?

23. SIGNATURE David R. Brewer M.D. M. D. or other

Address Clear Spring Md. Date signed 5/12/50

VS A15

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T

RECEIVED
MAY 15 1950
BUREAU V. S.

05569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural, give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Smith

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 25, 1771

9. AGE last birthday 78-10-26 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Any Job available, was former policeman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dallas Smith

14. MOTHER'S MAIDEN NAME Prudence Knode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.

16. SOCIAL SECURITY NO. 215-18-1360

17. INFORMANT AND ADDRESS Mrs. Mary Ellen Smith Boonsboro Wash. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Hard an arrival Sudden.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	1 yr. 5 mos. 1 Day
94a	(c) Arterial Hypertension	" " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Melancholia. — 5 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1948, to May 21, 1950, that I last saw the deceased alive on Nov. 22, 1949, and that death occurred at 11.15 a.m., from the causes and on the date stated above.

SIGNATURE J. Herbert Wade. (Degree or title) M. A. ADDRESS Boonsboro, Md. DATE SIGNED 5/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 24, 1950

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. May 24, 1950

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

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RECEIVED
MAY 27 1950
BUREAU V. S.

05570

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) Hagerstown Rt. 6

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Calvin	(Last) Stouffer	4. DATE OF DEATH	(Month) May	(Day) 17	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 10.1869	9. AGE last birthday 80 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) paper handler	10b. KIND OF BUSINESS OR INDUSTRY Paper	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Levi Stouffer	14. MOTHER'S MAIDEN NAME Margaret Fockler						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 220-10-3624a	17. INFORMANT AND ADDRESS Mrs. Howard Shank Hag. Rt. 6					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Occlusion	3 day
332 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Vascular	
83b	(c) Disease	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5/15/50, 19....., to 5/17/50, 19....., that I last saw the deceased alive on 5/17, 1950, and that death occurred at 12:10p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. E. Hoover, MD — ADDRESS Hagerstown, Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 19, 1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. May 19.1950	REGISTRAR'S SIGNATURE Chas H Howard	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

49611

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05571

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinesburg Md.; LENGTH OF STAY (in this place) 30 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #2 Pinesburg Williamsport Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinesburg Williamsport MdRFD #2; STREET ADDRESS (If rural give location) Pinesburg Williamsport Md RFD2

3. NAME OF DECEASED (Type or Print): (First) Emmert (Middle) Lee (Last) Sword

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 28 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months 1; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmowner

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Sword

14. MOTHER'S MAIDEN NAME: Catherine Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ella Sword Pinesburg Williamsport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Myocarditis Senile — Interval Between Onset and Death: Not known

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebro Sclerosis — Not known

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1950, to May 4, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 3 50 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport DATE SIGNED 5/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 6 1950 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG. May 5-1950 | REGISTRAR'S SIGNATURE [signature] May 8 for 1950 | 24. FUNERAL DIRECTOR: Edith V. Leaf | ADDRESS: Williamsport Md.

VS. A15

RECEIVED
MAY 9 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05572

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 2 yrs 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro
STREET ADDRESS (If rural, give location): Brown Station Rd. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Belle Vasti Thomas
4. DATE OF DEATH (Month) (Day) (Year): May 4 1950

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?
8. DATE OF BIRTH: May 8, 1879
9. AGE last birthday: 70+ ? yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ?
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT AND ADDRESS: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic cardiovascular disease — 1.5 yrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Encephalomalacia from cerebral hemorrhage — 1.5 yrs.

(c) Arteriosclerosis, General — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 11:55 P. m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas (Degree or title) M.D. — ADDRESS: Ritchie State Hosp. Cascade Md. — DATE SIGNED: May 5, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 5/9/50 — NAME OF CEMETERY OR CREMATORY: Atonomy Board — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 5/9/50 — REGISTRAR'S SIGNATURE: John R. Cochran — 24. FUNERAL DIRECTOR: Francis A. Hemsley — ADDRESS: 578 W. Biddle St.

Dep Local Registrar XVX99 Baltimore Md.

RECEIVED
MAY 12 1950
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05573

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fulton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) Fulton Ave.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) Robison (Last) Trostle
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1950
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb. 14, 1873
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hancock, Wash. Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bennette Robison
14. MOTHER'S MAIDEN NAME Attie Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Scirrhous Carcinoma (Rt. breast)	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Metastasis to vertebrae	?

170 a
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan. 26, 1948
19b. MAJOR FINDINGS OF OPERATION Radical mastectomy (rt.) - Carcinoma
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 6/2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-2-50
NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.
LOCATION (City, town, or county) (State) Mt. Warfordsburg, Pa.
DATE REC'D BY LOCAL REG. 6-2-50
REGISTRAR'S SIGNATURE J. A. Heller
24. FUNERAL DIRECTOR Chas. R. Bast ADDRESS

per. g.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05574

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 55 W. Charles Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 55 W. Charles Street

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) ELIZABETH (Last) TUCKER
4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/14/1895
9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Public Schools
11. BIRTHPLACE (State or foreign country) Harpers Ferry W. Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Absilom Herrod
14. MOTHER'S MAIDEN NAME Lula Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Herman Tucker - 55 W. Charles Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH May 2-50

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease

(c) Central Nervous System Lues (Paresis)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1949, to May 11, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE Sidney Novenstein (Degree or title) ADDRESS Fulton & Tour Md DATE SIGNED 5/12/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/13/1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. May 13 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Fredrick St

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 4 mo 23 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 232 S. High St.

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) (Last) Verro
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 3, 1897
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anthony Annarelli
14. MOTHER'S MAIDEN NAME Scolastica Fusco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
171X Immediate cause	(a) Squamous cell carcinoma of cervix	Apr. 2 ys.
48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastasis	Apr. 1 y.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1949, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Asel A. Paas MD. Ritchie State Hosp., Cascade Md. May 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF May 11-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) 4430 Belair Rd.

DATE REC'D BY LOCAL REG. 5/8/50
REGISTRAR'S SIGNATURE John R. Tothman
Dep. Local Registrar
24. FUNERAL DIRECTOR Frank Deller Nace
ADDRESS 322 S. High Baltimore 2 Md

RECEIVED
MAY 12 1950
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05576

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 341 N. Jonathan St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, Md
STREET ADDRESS (If rural, give location): 341 N. Jonathan Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARSHALL WALLACE

4. DATE OF DEATH (Month) (Day) (Year): 5 / 9 / 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 4/15/1900

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Family

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (State or foreign country): Sperrysville, Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Wallace

14. MOTHER'S MAIDEN NAME: Lucy Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Tyler Wallace, Point of Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1950, to 5/9, 1950, that I last saw the deceased alive on 5/8, 1950, and that death occurred at 11.55 a.m., from the causes and on the date stated above.

SIGNATURE: N. Alan Harris MD (Degree or title) — ADDRESS: 651 Pennsylvania — DATE SIGNED: 5/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/12/1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: May 12, 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: William H Downey — ADDRESS: 291 Fredrick St

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MAY 15 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05577

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 45 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 35 East Avenue

3. NAME OF DECEASED (Type or Print): (First) Edward; (Middle) M.; (Last) Wempe

4. DATE OF DEATH: (Month) May; (Day) 11; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-2-1884

9. AGE last birthday: 66 yrs. If under 1 year: Months 2; Days 9; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Yard Helper

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Edward Wempe

14. MOTHER'S MAIDEN NAME: Margaret A. McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-7767

17. INFORMANT AND ADDRESS: Mrs. Edward M. Wempe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 years
	(c)	

422.2
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 21, 1949, to May 11, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE: R. A. Bell (Degree or title) M.D. ADDRESS: Hagerstown, Md. DATE SIGNED: May 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 5-13-1950; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: May 12, 1950; REGISTRAR'S SIGNATURE: Grant Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons; ADDRESS: Hagerstown, Md.

496 47

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05578

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place) 4 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jackson Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural give location) High Street

3. NAME OF DECEASED (Type or Print): (First) Fairy (Middle) M (Last) Wolford

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1950

5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 12-30-69 — 9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): West Virginia — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Spielman — 14. MOTHER'S MAIDEN NAME: Rebecca Merchan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Theodore Wolford - SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure — 2 hours

410 X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension & Arteriosclerosis

920 (c) Mitral Stenosis

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

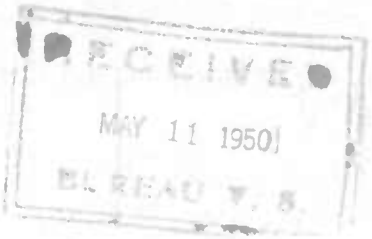
22. I hereby certify that I attended the deceased from 4-5, 1950, to 5-6, 1950, that I last saw the deceased alive on 5-5, 1950, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias (Degree or title) M.D ADDRESS Hancock-Md DATE SIGNED 5-8-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 5-9-50 — NAME OF CEMETERY OR CREMATORY: Green Way Cemetery — LOCATION (City, town, or county) (State): Berkeley Springs, W. Va.

DATE REC'D BY LOCAL REG. 5-8-50 — REGISTRAR'S SIGNATURE J. A. Heller — 24. FUNERAL DIRECTOR ADDRESS: Charles R. Bast, Hancock, Md.

VS: A15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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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Dr. porterfield

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 48 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 126 West Washington St

3. NAME OF DECEASED (Type or Print): (First) ISAAC (Middle) DOUGLAS (Last) WORMAN

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 10 1861

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman- Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leetonia Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John M. Worman

14. MOTHER'S MAIDEN NAME: Magdalene Halverstadt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Ruth Dusenberry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	2 day.
332X Antecedent cause(s)	(b) arteriosclerosis	?
83- Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1950, to 5/17, 1950, that I last saw the deceased alive on 5/17, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. L. Porterfield M.D. — ADDRESS: 136 W Washington St — DATE SIGNED: 5/19/50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 5/20/50 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Leitersburg, Wash. Co. Md.

DATE REC'D BY LOCAL REG.: May 19, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

VD894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
MAY 22 1950
BUREAU V. S.